01809

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City — LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic	STREET ADDRESS (If rural, give location) 11 Midleton Court

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) W (Last) Adams				4. DATE OF DEATH (Month) (Day) (Year) February 2, 1952	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH JUL. 31. 1884	9. AGE last birthday 67 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Magazine agent		10b. KIND OF BUSINESS OR INDUSTRY SELF.	11. BIRTHPLACE (State or foreign country) BALTO. MD		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME JOHN H. ADAMS JR			14. MOTHER'S MAIDEN NAME PLACIDA CESATI		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No	17. INFORMANT AND ADDRESS MISS EVA C. ADAMS 11 MIDDLETON COURT		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	3 hrs.
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardio-vascular disease	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital kyphosis and pigeon breast Depression with suicidal intent

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1952, to Feb 2, 1952, that I last saw the deceased alive on Feb 2, 1952, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irving J. Taylor	M.D.	Pinel Clinic, Ellicott City	Feb 2'52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 2/5/52	NAME OF CEMETERY OR CREMATORY LOUDON PK. CEM	LOCATION (City, town, or county) (State) BALTIMORE, MD
DATE REC'D BY LOCAL REG. 2/4/52	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Wm. J. Tickner & Sons Inc	ADDRESS Balto Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

01810

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELLICOTT CITY
STREET ADDRESS (If rural, give location) MONTGOMERY ROAD

3. NAME OF DECEASED (Type or Print) (First) Marion (Middle) P. (Last) Ament

4. DATE OF DEATH (Month) (Day) (Year) 2-18-52

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 10-4-1880
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME WINFIELD S GORDON
14. MOTHER'S MAIDEN NAME PATIENCE P. BRANDENBURG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MICHAEL AMENT, ELLICOTT CITY Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Embolism	1/2 hour
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive Cardiac Disease	2 yrs
	(c)	Arteriosclerosis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8.19, 1949, to 2.18, 1952, that I last saw the deceased alive on 2.18, 1952, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE George E Urban (Degree or title) M.D ADDRESS 805 Fred. Ave 28 Md DATE SIGNED 2.18.52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 2-20-52
NAME OF CEMETERY OR CREMATORY ST. JOHNS
LOCATION (City, town, or county) (State) ELLICOTT CITY Md.

DATE REC'D BY LOCAL REG. 2/20/52
REGISTRAR'S SIGNATURE John B. Lingham Per. B.E.L.
24. FUNERAL DIRECTOR F.C. HIGINBOTHOM, ELLICOTT CITY Md. ADDRESS

(Miss) E. Bird Williams 2/25/52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01811

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (In this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 563 Scaggsville Road STAR Route-LAUREL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel - Rural
STREET ADDRESS (If rural, give location) Scaggsville Rd. STAR Route Box 563

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) EARL (Last) BROWN
4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: 3-4-1905
9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRICAL CONTRACTING
11. BIRTHPLACE (State or foreign country): Sandy Spring, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles W. BROWN
14. MOTHER'S MAIDEN NAME: Alice Mae DISNEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-05-2246
17. INFORMANT: HILDA CATHERINE BROWN - WIFE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	15 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 420.1	(b) —	
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Peptic Ulcer — 5 months

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Bunting (Degree or title) M.D. — ADDRESS Ellicott City, Md. — DATE SIGNED 2-7-52
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 2/9/52 — NAME OF CEMETERY OR CREMATORY St Louis Cemetery — LOCATION (City, town, or county) (State) Clarksville, Md

DATE REC'D BY LOCAL REG. 2/8/52 — REGISTRAR'S SIGNATURE Frank Shipley — 24. FUNERAL DIRECTOR — ADDRESS De Witt Donaldson, Laurel Md

VS-M15A

RECEIVED
FEB 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

011812

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16A

1. PLACE OF DEATH: COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessups — rural
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: One Spot

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jessups — rural
STREET ADDRESS (If rural give location): One Spot

3. NAME OF DECEASED (Type or Print): (First) Jenefer (Middle) Lee (Last) Dailey

4. DATE OF DEATH: (Month) (Day) (Year) 2-17-52 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 2-12-1950

9. AGE last birthday: 2 yrs. — If under 1 year: Months 0, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Elkridge, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond A. Dailey

14. MOTHER'S MAIDEN NAME: Audrey J. Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Raymond Dailey, Jessups, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Second and third degree Burns — Interval between onset and death: 15 mins

916.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): One Spot, Jessups — (COUNTY): Howard — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 2-17-52 12.30P m. — INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Home destroyed by fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): George E. Benjamin MD — ADDRESS: Ellicott City, Md. — DATE SIGNED: 2-18-1952

Deputy Medical Examiner for Howard County

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-19-52 — NAME OF CEMETERY OR CREMATORY: St. Marks — LOCATION (City, town, or county) (State): Marmons, Md.

DATE REC'D BY LOCAL REG.: 2/18/52 — REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR — ADDRESS: F.C. Miginbothom, Ellicott City, Md.

RECEIVED
FEB 25 1952
BUREAU V. S.

01813

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS One Spot

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups rural
STREET ADDRESS (If rural give location) One Spot

3. NAME OF DECEASED (Type or Print) (First) Sherry (Middle) Dailey (Last)

4. DATE OF DEATH (Month) (Day) (Year) 2-17-52 19

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10-15-51
9. AGE last birthday 4 Mos. Hrs. If under 1 year Months 4 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Raymond A. Dailey
14. MOTHER'S MAIDEN NAME Audrey J. Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Raymond Dailey, Jessups, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Second and Third degree Burns	15 min.
916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) One Spot, Jessups (COUNTY) Howard (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 2-17-52 12.30P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Home destroyed by fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgtof MD (Degree or title) ADDRESS DATE SIGNED
Deputy Medical Examiner for Howard County Ellicott City, Md 2-18-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-19-52
NAME OF CEMETERY OR CREMATORY St. Marks
LOCATION (City, town, or county) (State) Harmons, Md.

DATE REC'D BY LOCAL REG. 2/18/52
REGISTRAR'S SIGNATURE Mark Shipley
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

200 (15) 1224300

RECEIVED
FEB 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 19-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Howard; STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 3½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 128 Oak Hill

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Calvin (Last) Hoffman

4. DATE OF DEATH: (Month) Feb. (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 28, 1898

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant — owner

10b. KIND OF BUSINESS OR INDUSTRY: Clothing

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Calvin K. Hoffman.

14. MOTHER'S MAIDEN NAME: Bessie Neil Lechner.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Mary K Hoffman Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	4 yrs.
	(c) Generalized Arteriosclerosis	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebral Arteriosclerosis with thrombosis — 3½ yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1948, to Feb 8, 1952, that I last saw the deceased alive on Feb 8, 1952, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irving J. Taylor M.D Pinel Clinic, Ellicott City, Md Feb 8, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2/10/52

NAME OF CEMETERY OR CREMATORY: Rest Haven

LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REG.: 2-8-52

REGISTRAR'S SIGNATURE: John B. Laughman Reg. B. E. L.

24. FUNERAL DIRECTOR ADDRESS: A K Leatherman Hagerstown Md.

RECEIVED
FEB 13 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0185

Reg. Dist. No. 191

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; MARYLAND; LENGTH OF STAY (In this place) 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto; STREET ADDRESS (If rural, give location) 112 W. Mulberry St.

3. NAME OF DECEASED (Type or Print): (First) Sephora (Middle) L (Last) Jenkins

4. DATE OF DEATH: (Month) February (Day) 13 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 16 18[illegible]

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Laine

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eugene Bettes

14. MOTHER'S MAIDEN NAME: Emma Cherrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Edward E. Jenkins 3100 Tyndale Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic cardio vascular disease	1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 1 year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1952, to Feb 13, 1952, that I last saw the deceased alive on Feb 13, 1952, and that death occurred at 2:20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irving J. Taylor M.D. ADDRESS: Pinel Clinic, Ellicott City, Md DATE SIGNED: Feb 13, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 2/15/52 NAME OF CEMETERY OR CREMATORY: Western LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 2/15/52 REGISTRAR'S SIGNATURE: W W Redwood

24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul st.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0.826

Reg. Dist. No. 192.

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville Rural
STREET ADDRESS (If rural, give location) Old Frederick Road

3. NAME OF DECEASED (Type or Print) (First) Amanda (Middle) King (Last)

4. DATE OF DEATH (Month) (Day) (Year) 2-11-52 19

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 11-26-1894

9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Thomas

14. MOTHER'S MAIDEN NAME Drenda Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Georgiana King, Marriottsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 15 minutes

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 2 years

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burghoff MD (Degree or title) ADDRESS DATE SIGNED

Deputy Medical Examiner for Howard County Ellicott City, Md. 2-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2-14-52

NAME OF CEMETERY OR CREMATORY West Liberty

LOCATION (City, town, or county) (State) Alpha, Md.

DATE REC'D BY LOCAL REG. 2-13 52

REGISTRAR'S SIGNATURE Alice W. Hebb.

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

T

FEB 15 1952
BUREAU V. S.

Item 7 FilmG159 2/29/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Howard.

City or town Elkridge.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Howard

City or town Elkridge.
(If outside city or town limits, write RURAL and give nearest town)

Street No. Box 221A Washington Blvd.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Harry Earl MacKenzie.

3. (b) Social Security Number 219-12-6894

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife Rose Ann MacKenzie.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 18, 1905

8. AGE: Years	Months	Days	If less than one day
46			..... hrs. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Traveling Auditor.

11. Industry or business Finance Co. of America.

FATHER
12. Name John B. MacKenzie.
13. Birthplace ?

MOTHER
14. Maiden name Annie M. Sentz.
15. Birthplace ?

16. Informant Rose Ann MacKenzie.

Address Box 221A Washington Blvd.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof February 21, 52
(month) (day) (year)

Cemetery or crematory Druid Ridge.

Location Pikesville Md.

18. Funeral director Paul E. Chenoweth Jr.

Address 3615-17 Chestnut Ave.

19. Feb. 19 1952 (Miss) E. Bird Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18, 1952 at 11.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from [illegible] 1952 to [illegible] 1952 and that I last saw him alive on [illegible] 1952

Immediate cause of death	DURATION
[illegible]	[illegible]
Due to [illegible]	[illegible]
Due to [illegible]	
Other conditions 180X	

(Include pregnancy within 3 months of death)

Major findings of operations [illegible] Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address [illegible] Date signed [illegible]

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB 21 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01818

CERTIFICATE OF DEATH

Reg. Dist. No. 12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waterloo Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Waterloo Rd.

3. NAME OF DECEASED (Type or Print): (First) Hettie (Middle) A. (Last) Powell

4. DATE OF DEATH (Month) Feb. (Day) 21 (Year) 52 19

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible] | 8. DATE OF BIRTH April 14, 1896 | 9. AGE last birthday 55 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] | 10b. KIND OF BUSINESS OR INDUSTRY [illegible] | 11. BIRTHPLACE (State or foreign country) Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John T. Cooper | 14. MOTHER'S MAIDEN NAME Jean MacFarlane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS John D. Powell, Ellicott City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) lymphosarcoma, involving

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) liver & spleen

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/52, 19..., to 2/21/52 19..., that I last saw the deceased alive on 2/20/52, 19..., and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) Frank Shipley, M.D. ADDRESS Savage, Md. DATE SIGNED 2/21/52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb. 25/52 | NAME OF CEMETERY OR CREMATORY Doulor Pk. | LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. Feb. 24, 1952 | REGISTRAR'S SIGNATURE John B. Loughran, Pro. B. E. H. | 24. FUNERAL DIRECTOR Harry F. Weitzel | ADDRESS 4101 Edmondson Ave

RECEIVED
FEB. 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine rural; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) G. (Last) Smith

4. DATE OF DEATH: (Month) (Day) (Year) 2-27-52 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 10-14-1884

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Franklinville, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ~~Unknown~~ Uriah S. Warner

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Mary C. Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Carrie R. Duvall, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: instant

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgtorf, MD (Degree or title) ADDRESS DATE SIGNED

Deputy Medical Examiner for Howard County Ellicott City, Md. 2-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 3-1-1952 | NAME OF CEMETERY OR CREMATORY: Morgan Chapel | LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG. 2-29-52 | REGISTRAR'S SIGNATURE: E. Raul Myers.

24. FUNERAL DIRECTOR ADDRESS: C. ... Waltz, Winfield, Md.

RECEIVED
MAR 6 1952
BUREAU V. S.

Item 9 Film 140 2/6/52 wnw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01820

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) 10 Fells Ave.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Stanley (Last) Tyler

4. DATE OF DEATH (Month) (Day) (Year) 2-24-52 19

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-17-1890
9. AGE last birthday 61 ~~62~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Road Howard County
11. BIRTHPLACE (State or foreign country) Howard County
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Robert Tyler
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS Gertrude Tyler, Ellicott City, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery occlusion — 1/2 hour

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles S. Whitaker, B.D., Clarksville, Md. 2/24/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 28, 1952
NAME OF CEMETERY OR CREMATORY West Liberty
LOCATION (City, town, or county) (State) Howard Co. Md.

DATE REC'D BY LOCAL REG. 2/27/52
REGISTRAR'S SIGNATURE W W Heinrich
24. FUNERAL DIRECTOR Howard Funeral Home ADDRESS 1631 Druid Hill Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01821

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; LENGTH OF STAY (in this place) 50 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jennie	B.	Wakeman	Feb	15	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	single	April 7 1863	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Morgan Wakeman	Amanda Golliday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	Mrs. Nettie Stephens, Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Arterio-sclerosis	2 yrs.
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c) Senility	3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 1, 1950, to Feb. 15th, 1952, that I last saw the deceased alive on 2/15/52, and that death occurred at 11-P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank Shipley, M.D.	Savage, Md.	2/17/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/18/52	Meadowridge Mem. Park	Laurel, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/17/52	Frank Shipley	McNutt Funeral Home	Laurel, Md.

RECEIVED
FEB 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01822

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge; Rural; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: RFD 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge; Rural

STREET ADDRESS (If rural, give location): RFD 4 Box 262

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Abner	Whetzel		2-11-52 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	8-23-1889	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	General Carpenter	Mathias W.Va	

13. FATHER'S NAME: Pierson Whetzel

14. MOTHER'S MAIDEN NAME: Mary Mollerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	215-16-1628	Mrs. Hazen De Lauder, Elkridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Vas. Disease — Interval Between Onset and Death: 2 yrs.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 9th 1952 to Feb 11th 1952 that I last saw the deceased alive on Feb. 9th 1952, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank Shipley	M.D.	Savage, Md	2/11/52.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	2-12-52	Mathias	Mathias, W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
February 12, 1952	Mrs. B. Bird Wilkins	F.C. Higinbothom	Ellicott City, Md.

RECEIVED
FEB 14 1952
BUREAU V. S.